MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12094

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Faulkner
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Crawford (Last) CHANDLER
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 17-1912
9. AGE last birthday 39 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Paint Store
11. BIRTHPLACE (State or foreign country) Pittsburg Pa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lee L. Chandler
14. MOTHER'S MAIDEN NAME Maud C. Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lee L. Chandler Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY HEMORRHAGE	12-15-51
002X Antecedent cause(s)	(b) PULMONARY TUBERCULOSIS	1945
13 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-51 to ....., 19....., that I last saw the deceased alive on ....., 19..... and that death occurred at 7 30/12 m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata, Md DATE SIGNED 12-16-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE 12/18/51 NAME OF CEMETERY OR CREMATORY Nongahela LOCATION (City, town, or county) Nongahela Pa (State)

DATE REC'D BY LOCAL REG. 12/18/51 REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Lyon ADDRESS Waldorf Md

490-VVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12095

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Byans Road | LENGTH OF STAY (In this place) 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Byans Road
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) (Last) Dyson

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 19 57

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 19, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Byans Road Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Raymond

14. MOTHER'S MAIDEN NAME: Emily Angell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Roark Dyson, Byans Road Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days.

331 X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1957, to 12/10, 1957, that I last saw the deceased alive on 12/9, 1957, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank L Susan M.S. Indian Head. Md 12-10-57.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/14/57 | NAME OF CEMETERY OR CREMATORY: Methodist | LOCATION (City, town, or county) (State): Pomonkey, Chas Md

DATE REC'D BY LOCAL REG.: 12/10/57 | REGISTRAR'S SIGNATURE: Odey Price

24. FUNERAL DIRECTOR: Mathews & Bowes | ADDRESS: Washington D.C.

RECEIVED
JAN 10 1952
BUREAU V. S.

12096

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newburg Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Newburg — COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M (Last) HARDESTY
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: apr 20-1889
9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Silk
11. BIRTHPLACE (State or foreign country): St Marys Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Goldsmith
14. MOTHER'S MAIDEN NAME: Annie Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Cleveland F. Hardesty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 1946

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE HEART DISEASE — 1942

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, 19..., to 12-15, 1951, that I last saw the deceased alive on 12-15, 1951, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE: C. J. Edelen (Degree or title) M.D. ADDRESS: La Plata Md DATE SIGNED: 12-16-51

23. BURIAL, CREMATION REMOVAL (Specify): DATE: 12/18/51 NAME OF CEMETERY OR CREMATORY: St Marys LOCATION (City, town, or county): Newport (State): Md

DATE REC'D BY LOCAL REG.: 12/18/51 REGISTRAR'S SIGNATURE: Julia H. Pasey
24. FUNERAL DIRECTOR: Hunt Ryan ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12097

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicamuxen
LENGTH OF STAY (in this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicamuxen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Isabel (Last) Jackson

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 23, 1910

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Chicamuxen, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Ennis

14. MOTHER'S MAIDEN NAME: India Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Isaac Jackson, Rison, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, metastic, Uterus — 2 yrs.

174x Antecedent cause(s)

48 Sr Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1957, to Dec 23, 1957, that I last saw the deceased alive on 12/22, 1957, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank L Susan L.S — India Head, Md — 12-24-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-25-57 — NAME OF CEMETERY OR CREMATORY: Alexander Methodist — LOCATION (City, town, or county) (State): Chicamuxen Md

DATE REC'D BY LOCAL REG. 12-24-57 — REGISTRAR'S SIGNATURE: M. L. Howard

24. FUNERAL DIRECTOR — ADDRESS: Hunter Ryan, Waldorf Md

RECEIVED
DEC 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12098

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) L. (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1951

5. SEX M — 6. COLOR OR RACE C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) — 8. DATE OF BIRTH 12-6-51 — 9. AGE last birthday yrs. — If under 1 year Months Days — If under 24 hrs Hours Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Carroll A. Johnson — 14. MOTHER'S MAIDEN NAME Anna Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Carroll A. Johnson, Welcome, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation — 12-6-51

761.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Born c cord about neck

1600 (c) and umbilical.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Mt. Cowhia — (COUNTY) Charles — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Holden (Degree or title) M.D. — ADDRESS La Plata Md — DATE SIGNED 12-6-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/6/51 — NAME OF CEMETERY OR CREMATORY Shiloh — LOCATION (City, town, or county) (State) Waysides Md

DATE REC'D BY LOCAL REG. 12/6/51 — REGISTRAR'S SIGNATURE Julia H. Casey — 24. FUNERAL DIRECTOR Carroll A. Johnson (Clarke) — ADDRESS Welcome, Md

10126512233 43

VS-415A

RECEIVED
DEC 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md — LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) (Last) Matthews — 4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1951

5. SEX F — 6. COLOR OR RACE Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH Nov 18-1904 — 9. AGE last birthday 47 yrs. — If under 1 year Months, Days — If under 24 hrs. Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY Self — 11. BIRTHPLACE (State or foreign country) Charles Co — 12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Emory Johnson — 14. MOTHER'S MAIDEN NAME Harriet Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No — 16. SOCIAL SECURITY NO. No — 17. INFORMANT AND ADDRESS Leonard Matthews Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident — 2 hrs.

Antecedent cause(s) (b) Malignant hypertension — 3 years.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION None — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Dec, 1951, that I last saw the deceased alive on 20 Dec, 1951, and that death occurred at 12:15P m., from the causes and on the date stated above.

SIGNATURE S Woodly (Degree or title) MD — ADDRESS La Plata. Md. — DATE SIGNED 20 Dec 51.

23. BURIAL, CREMATION REMOVAL (Specify) — DATE 12-23-51 — NAME OF CEMETERY OR CREMATORY New Town — LOCATION (City, town, or county) Rural La Plata (State) Md

DATE REC'D BY LOCAL REG. 12/23/51 — REGISTRAR'S SIGNATURE Julia H. Casey — 24. FUNERAL DIRECTOR Hunt H & Ry — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

RECEIVED
2 1952
V. S.

12755

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 6

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charles COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head — LENGTH OF STAY (in this place) 30 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indianhead
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Sara (Middle) Virginia (Last) Parran			4. DATE OF DEATH (Month) 12/11/51 (Day) (Year) 19		
5. SEX Female	6. COLOR OR RACE W-US	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4/17/96	9. AGE last birthday 55 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US.	
13. FATHER'S NAME Louis Elliot			14. MOTHER'S MAIDEN NAME Sara Paulus		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) no		16. SOCIAL SECURITY No. no	17. INFORMANT AND ADDRESS J.T.Parran, Indian Head Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — One Week

Antecedent cause(s) — 5.21x

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension — Ten Years

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to 12/11/51, 19....., that I last saw the deceased alive on 12/11/51, 19....., and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Andrews MD.		Indian Head Md	12/11/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Dec. 13, 1951	NAME OF CEMETERY OR CREMATORY Middleham Chapel	LOCATION (City, town, or county) Calvert County (State) Md
DATE REC'D BY LOCAL REG. 12/11/51	REGISTRAR'S SIGNATURE Ida Price	24. FUNERAL DIRECTOR A. A. Hashmer & Son	ADDRESS Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1952
BUREAU V. S.

12100

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 150

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jerry (Middle) Earl (Last) Rees
4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1951
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 2, 1951
9. AGE last birthday yrs. If under 1 year Months. Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) La Plata Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harry Nevon Rees
14. MOTHER'S MAIDEN NAME Mary Lillian Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harry N. Rees, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 12-2-51

760.0 Antecedent cause(s) (b) Childbirth (Labor) — 12-2-51

160 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1951, to 12-6, 1951, that I last saw the deceased alive on 12-5, 1951, and that death occurred at 12 15 A m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 12-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/8/51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Pisgah, Md.

DATE REC'D BY LOCAL REG. 12/7/51
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

2 12 2 51 3 11 4 04

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

DEC 10 1[illegible]
[illegible]

Item 9 FilmG138 1/18/52 whw

12101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) Virginia (Last) Swann
4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1951

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Nov. 2 1876
9. AGE last birthday 75 ~~94~~ yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Chicamuxen, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank Simmons
14. MOTHER'S MAIDEN NAME Mary (Maiden name not known) Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mary A. Queen, Pisgah, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Antecedent ~~Immediate cause~~	b (a)	Rheumatoid Arthritis	3 yrs.
Immediate ~~Antecedent cause(s)~~	d (b)	Acute Myocarditis	1 wk
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Dec 20, 1951, that I last saw the deceased alive on Dec 19, 1951, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE Frank C. Susan (Degree or title) M.D. ADDRESS Indian Head, Md. DATE SIGNED 12-20-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 24, 1951
NAME OF CEMETERY OR CREMATORY St. Charles (Glymont Md)
LOCATION (City, town, or county) Glymont (State) Md

DATE REC'D BY LOCAL REG. 12/24/51
REGISTRAR'S SIGNATURE Mary Southerland
24. FUNERAL DIRECTOR Penny & Cofer, Mason Springs, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doncaster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charles Co COUNTY Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doncaster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) Elizabeth (Last) Thomas
4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 51 19

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-17-84
9. AGE last birthday 67 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Life
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jacob Simpson
14. MOTHER'S MAIDEN NAME Nettie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Elvira Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Nephritis — 1 year

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-51 19..., to 12-16-51, 19..., that I last saw the deceased alive on 12-16-51, 19..., and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS Marion Heal DATE SIGNED 12-16-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 19 1951
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) Doncaster (State) Md

DATE REC'D BY LOCAL REG. 12/18/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

12103

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10.6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey — LENGTH OF STAY (In this place) 25 yrs 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Girard (Middle) Aaron (Last) Thomas

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 15, 1926

9. AGE last birthday: 25 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Bryans Road Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Nace Thomas

14. MOTHER'S MAIDEN NAME: Hester Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WW II

16. SOCIAL SECURITY No.: 219-16-0104

17. INFORMANT AND ADDRESS: Nelson Thomas, Bryans Road Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injuries left chest, internal abd. injuries — Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) comp. fracture left arm, probable fracture

(c) Skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Road — (CITY OR TOWN) Pomonkey — (COUNTY) Charles — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 22, 1951 14 m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto accident car skidded, turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank G. Duncan M.D. — Indian Head Md — Dec. 22, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-24-51 — NAME OF CEMETERY OR CREMATORY: Metropolitan Church — LOCATION (City, town, or county) (State): Pomonkey, Chas. Co. Md.

DATE REC'D BY LOCAL REG.: 12-22-51 — REGISTRAR'S SIGNATURE: M. E. Ringsaul, Deputy Local Registrar

24. FUNERAL DIRECTOR — ADDRESS: Barnes & Matthews 614-4th St. S.W. Wash. D.C.

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12104

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldoy Md — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldoy Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Henry	(Last) Thomas	4. DATE OF DEATH	(Month) 12 (Day) 5 (Year) 1951
5. SEX M	6. COLOR OR RACE Negro	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH Mch 29-1866	9. AGE last birthday 85 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Rural Waldoy Md	12. CITIZEN OF WHAT COUNTRY Yes		
13. FATHER'S NAME James Thomas		14. MOTHER'S MAIDEN NAME Jane Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No	16. SOCIAL SECURITY No. No	17. INFORMANT AND ADDRESS Vincent Thomas			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 2 days

443X Antecedent cause(s) (b) Hypertension

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

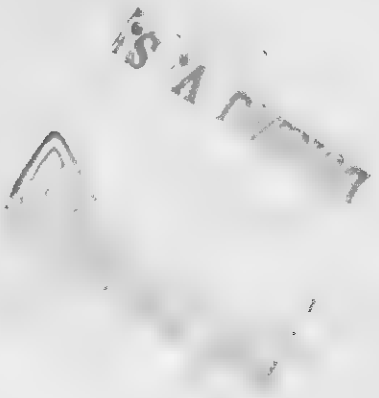
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	Aquasco Md.	12/5/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE 12-8-51	NAME OF CEMETERY OR CREMATORY John Wesley	LOCATION (City, town, or county) (State) Aquasco Md
DATE REC'D BY LOCAL REG. 12-7-51	REGISTRAR'S SIGNATURE M. L. Moore	24. FUNERAL DIRECTOR Hewitt & Ryan	ADDRESS Waldoy Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 410



12105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: pl... the ...uses of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Gertrude (Last) Warren

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1951

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Feb. 28, 1869 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Warren
14. MOTHER'S MAIDEN NAME: Emma Lavender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Paul Warren - La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 12-31-51

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion — 12-29-51

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip — 11-10-51

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 1951, to 12-31, 1951, that I last saw the deceased alive on 12-31, 1951, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

SIGNATURE E. Rodelen (Degree or title) M.D. | ADDRESS La Plata Md. | DATE SIGNED 1-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1/3/52 | NAME OF CEMETERY OR CREMATORY: Leesburg | LOCATION (City, town, or county) (State): Leesburg, Va.

DATE REC'D BY LOCAL REG.: 1/3/52 | REGISTRAR'S SIGNATURE: Julia H. Vasey | 24. FUNERAL DIRECTOR: Huntt & Ryon, Waldorf Md. | ADDRESS

JAN 7 19[illegible]
BU[illegible] Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12106

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Charles; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata Md
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phyc. Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Augustine (Last) Wheatley
4. DATE OF DEATH (Month) Dec. (Day) 17 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Mar. 24th. 1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Tob. Warehouse	Charles Co. Md.	

13. FATHER'S NAME: Francis E. Wheatley.
14. MOTHER'S MAIDEN NAME: Elsie Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.			Elsie Hawkins, Waldorf Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer Parotid — Interval between onset and death: 6-20-50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

142.1
552

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-20-50, 1950, to 12-17, 1951, that I last saw the deceased alive on 12-17-, 1951 and that death occurred at 6:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. Odelen M.D. ADDRESS: La Plata Md DATE SIGNED: 12-17-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	12/19-51	Congressional	Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/18/51	Julia H. Casey	Smith & Lyon	

S.A15

RECEIVED
DEC. 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12107

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 2 Mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phyc Mem Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) Paul (Last) WILLIAMS — 4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1951

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) — 8. DATE OF BIRTH Sept 30-1930 — 9. AGE last birthday 31 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic — 10b. KIND OF BUSINESS OR INDUSTRY Auto — 11. BIRTHPLACE (State or foreign country) Charles Co — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Douglas Williams — 14. MOTHER'S MAIDEN NAME Pearl Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Pearl Buckler Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) C A Lung — May 1951

163X Antecedent cause(s) — 12-15-51

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1951, to 12-15, 1951, that I last saw the deceased alive on 12-15, 1951, and that death occurred at 4 a/p m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. — ADDRESS La Plata, Md. — DATE SIGNED 12-16-51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE 12/18/51 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) Waldorf Md (State)

DATE REC'D BY LOCAL REG. 12/18/51 — REGISTRAR'S SIGNATURE Julia H. Casey — 24. FUNERAL DIRECTOR Smith & Ryan — ADDRESS Waldorf Md

550-816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU Y. S.